

CONSUMER COMPLAINT FORM

JACK CONWAY
ATTORNEY GENERAL



RETURN TO:
Office of Attorney General
Consumer Protection Division
310 Whittington Parkway, Suite 101
Louisville, KY 40222
Phone: (502) 429-7134
Fax: (502) 429-7129
Hotline: (888) 432-9257
www.ag.ky.gov/cp

TYPE OR PRINT NEATLY. SUBMIT TWO COPIES OF THE COMPLAINT AND TWO COPIES OF ANY DOCUMENTS SUBMITTED.

YOUR NAME ☐ Mr ☐ Mrs ☐ Ms _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

HOME PHONE _____ WORK/CELL PHONE _____

EMAIL ADDRESS: _____

COMPANY OR PERSON(S) YOUR COMPLAINT IS AGAINST _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE: _____

Please fill in this section completely.

WAS A CONTRACT SIGNED? ☐ YES ☐ NO (If Yes, Please Attach a **Copy** of Your Contract.)

WHERE WAS CONTRACT SIGNED? ☐ IN YOUR HOME ☐ AT THE BUSINESS ☐ OTHER _____

DATE(S) OF TRANSACTION _____ PRODUCT OR SERVICE INVOLVED _____

TOTAL PRICE _____ AMOUNT PAID _____ WAS PRODUCT/SERVICE ADVERTISED? ☐ YES ☐ NO

HOW WAS SERVICE ADVERTISED? ☐ Newspaper ☐ TV ☐ Radio ☐ Mail ☐ Phone ☐ Email ☐ Internet ☐ Other _____

WITH WHAT OTHER AGENCIES HAVE YOU FILED THIS COMPLAINT? _____

WHAT ACTION WAS TAKEN? _____

HAVE YOU HIRED OR RETAINED A PRIVATE ATTORNEY? ☐ YES ☐ NO HAVE YOU STARTED COURT ACTION? ☐ YES ☐ NO

WHAT ACTION WILL RESOLVE YOUR COMPLAINT? _____

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

If Your Complaint is Regarding a Health Club Membership, Also Complete this Section.

If yes, please provide the following information:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TODAY'S DATE _____ **YOUR SIGNATURE** _____

OPTIONAL- COMPLETION OF THIS SECTION IS VOLUNTARY

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